

UDAF Produce Safety Restroom Cleaning Log

Date of Cleaning	Restroom Number or Name	Cleaned By	Service Necessary	Supplies Filled	Additional Actions Necessary
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Reviewed By:		Title:		Date:	
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